

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *page 1 of 2*

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 JAN 14 AM 9:21

SECRETARY OF STATE,
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000090955**

1. Corporation Name

ALFA VIDEO, CORP.

Principal Place of Business

Mailing Address

1591 E 4 AVE.
 HIALEAH FL 33010

1591 E 4 AVE.
 HIALEAH FL 33010



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1595 E 4th Ave

3. New Mailing Office Address, If Applicable

1595 E 4th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

City & State

Hialeah, Fl.

Zip

33010

Country

USA

Zip

33010

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/21/2002

5. FEI Number

06-1644181

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BARRIOS, AMBROSIO A	470 W 42TH ST.	HIALEAH FL 33012
VD	BARRIOS, HARLEY	470 W 42TH ST.	HIALEAH FL 33012
			300027770573 01/29/04--01028--024 **150.00
REINSTATEMENT 03 TS			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARRIOS, AMBORSIO
 1591 E 4 AVE.
 HIALEAH FL 33010

Name

Street Address (P.O. Box Number is Not Acceptable)

1595 E 4th Ave

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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To: Florida Dept of Revenue

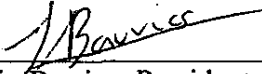
From: Ambrosio Barrios, President Alfa Video

Ref: 2003 Uniform Business Report

This letter has been written to clarify my situation with the 2003 Annual Report. My business became active in late 2002 and has since moved to a new location. The address of the new location is also the mailing address for the business. Since this was the case, we never received any bill to pay our annual and it is only recently that our neighbor delivered the attached dissolution statement. I ask that you please take our situation under consideration and allow us to reinstate our corporation without penalty. Our correct mailing address is:

1595 E 4th Ave
Hialeah, Fl. 33012

Thank You for Your Assistance,



Ambrosio Barrios, President
Alfa Video Corp